

**NOTICE OF TERMINATION  
OF COVERAGE UNDER THE GENERAL PERMIT  
FOR CONCENTRATED ANIMAL FEEDING OPERATIONS WITHIN THE COLORADO  
RIVER BASIN REGION**

**ORDER NO. R7-2008-0800  
NPDES NO. CAG017001**

Submission of this Notice of Termination (NOT) constitutes notice that the owner / operator of the facility / project identified on this form is no longer authorized to discharge under Board Order No. R7-2008-0800, National Pollutant Discharge Elimination System (NPDES) Permit No. CAG017001.

**I. WDID Number**

Enter your WDID No. in the space provided:

**II. OWNER / OPERATOR INFORMATION**

Name		Mailing Address	
City	County	State	Zip
Contact Person	Title		Phone

**III. BASIS FOR TERMINATION**

**A.** Indicate the reason for termination of the permit coverage under this General Order. (Mark one of the reasons below by checking the box)

☐ 1. The Discharger no longer requesting coverage to discharge or propose to discharge under this General Board Order. The facility is still in operation.

☐ 2. The Discharger has ceased operation at the facility and is requesting to terminate enrollment under the General Board Order. The discharger should ensure that the facility has been cleaned out and so that there is no remaining potential for a discharge of manure, litter or process wastewater. The standard procedure may include, but not limited to, scraping all the manure off the coral areas, and filling in the containment pond with clean dirt.

☐ 3. Discharge of effluent is now subject to another NPDES general permit or an individual NPDES permit. (Indicate NPDES permit number and date coverage began below.)  
NPDES Permit No: \_\_\_\_\_ Date Coverage Began: \_\_\_\_\_

☐ 4. There is a new owner / operator of the identified facility. (Complete all additional items below.)  
Date of Owner / Operator Transfer: \_\_\_\_\_  
Provide new owner / operator information below. \_\_\_\_\_  
Has the discharger notified the new owner / operator of NPDES general permit requirements as required in the Permit (attach copy of letter sent by discharger to new owner / operator of the facility)?  
☐ Yes  
☐ No

New Owner / Operator Information (Discharger to complete this section if item 4 is selected as reason for termination)			
Name  _____		Mailing Address  _____ _____	
City  _____	County  _____	State  _____	Zip  _____
Contact Person  _____	Title  _____	Phone  _____	

### 3. CERTIFICATION

"I certify under penalty of law that (a) I am not required to be permitted under the General Permit No. CAG017001 and (b) this document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment."

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 4. MAILING ADDRESS

Send the completed Notice of Termination to the Regional Water Quality Board at the following address:

California Regional Water Quality Control Board  
Colorado River Basin Region  
73-720 Fred Waring, Suite 100  
Palm Desert, CA 92260

### FOR REGIONAL WATER BOARD USE ONLY

☐ **Approved** for Termination ☐ **Denied** and returned to Applicant

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the Has the succeeding new owner or operator shall a new NOI to the Regional Water Board.

☐ Yes

☐ No

**NOT Effective Date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_